

STATE OF IDAHO



BOARD OF DENTISTRY

Converting a License from Inactive Status to Active Status

Eligibility requirements for conversion of a license from inactive status to active status are outlined in Idaho Code 54-920(7)(d) as follows:

- (d) The board may convert a license with inactive status to a license with active status in the event the holder pays the license fee prescribed for licenses with active status and submits to the board satisfactory evidence of:*
- (i) Compliance with the requirements of this chapter and all rules promulgated under the provisions of this chapter;*
 - (ii) Good moral character and good professional conduct; and*
 - (iii) A minimum of one thousand (1,000) hours of clinical practice of dentistry or dental hygiene within the previous two (2) years or has been employed full time as a dental or dental hygiene instructor at an American dental association accredited dental or dental hygiene school or has been enrolled in a board approved postgraduate educational program.*
- (e) Persons unable to otherwise fully meet the requirements for conversion of an inactive status license to an active status license may convert their license upon board approval.*

The following information is required in order for the Board to consider conversion of an inactive status license to active status:

- Complete highlighted sections of enclosed application form and submit to Board office
- Request license verification from the state board of dentistry in the state in which you currently practice (form attached to application)
- Send copy of current CPR card
- Dentist: \$215 License activation fee (difference between inactive and active fee) Dental Hygienist: \$90 License activation fee

Those applications not meeting the statutory requirements for license conversion will be scheduled to be heard by the Board at a meeting subsequent to receipt of the completed application.



IDAHO BOARD OF DENTISTRY APPLICATION FOR LICENSURE

Revised 8/2014

I HEREBY APPLY FOR A LICENSE TO PRACTICE:

License Activation* -Fee = difference
between active and inactive status

- ☐ Dentistry - by Examination – Application fee \$300
- ☐ Dentistry - by Credentials – Application fee \$300
- ☐ Specialty – by Examination – Application fee \$300 Specialty of _____
- ☐ Specialty – by Credentials – Application fee \$300 Specialty of _____
- ☐ Dental Hygiene - by Examination – Application fee \$150
- ☐ Dental Hygiene - by Credentials – Application fee \$150

First Name		Middle Name		Last Name	
Other Names Used		Email Address		Telephone Number	
Mailing Address: Street		City		State	Zip Code
Place of Birth: City		State		Country	Social Security Number
				Date of Birth	Gender
				M	F
EDUCATION	From mm/dd/yy	To mm/dd/yy	Dental/Dental Hygiene School(s) Name and Location		Degree/Certificate Date Received (m/d/y)
EXAMINATIONS	List every license-related examination you have taken regardless of the result.				
	Examination		Date Taken		Result

[illegible]

Important! Read these definitions before completing the following personal data questions.

“Ability to practice dentistry/dental hygiene safely and competently” means ALL of the following:

1. The cognitive capacity to make reasoned clinical judgments, and to learn and keep abreast of clinical developments;
2. The ability to communicate clinical judgments and information to patients and other health care providers; and
3. The capability to perform clinical tasks such as dental/dental hygiene examinations and dental/dental hygiene procedures.

“Medical condition” means any physiological or psychological condition, impairment, or disorder, including drug addiction and alcoholism.

“Drugs or chemical substances” means alcohol, controlled substances, prescription drugs, illegal drugs, over-the-counter medications, nitrous oxide, petroleum products, adhesive products and other chemical substances taken for mood alteration.

“Improper use of drugs or other chemical substances” means ANY of the following:

1. The use of any controlled substance and/or prescription drug in an addictive manner and/or for any purpose and to any extent other than as directed by a licensed health care practitioner;
2. The use of any over-the-counter medication in an addictive manner and/or in a manner prohibited by law;
3. The use of alcohol in an addictive manner and/or to the extent that the use of alcohol impairs a person's ability to safely and competently practice as a dentist;
4. The manufacture, possession, distribution or use of any drug, medication or chemical substance in a manner prohibited by law.

PERSONAL DATA QUESTIONS

In answering each of the following questions, please check the appropriate box next to each question. **FOR EACH “YES” ANSWER TO ANY OF THE FOLLOWING QUESTIONS (EXCEPT QUESTION #21), YOU MUST PROVIDE A SEPARATE, SIGNED STATEMENT PROVIDING A COMPLETE EXPLANATION OF THE EVENT OR CIRCUMSTANCE, INCLUDING DATE(S), LOCATION(S), ORGANIZATION(S) OR PARTIES INVOLVED, AND SPECIFIC OUTCOMES OR RESULTS.**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you had or do you currently have a medical condition that in any way impairs or limits your ability to currently practice dentistry/dental hygiene safely and competently?
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you ever engaged in the improper use of drugs or other chemical substances?
<input type="checkbox"/>	<input type="checkbox"/>	3. Have you used or do you currently use alcohol, drugs, or other chemical substances in a manner that would in any way impair or limit your ability to safely and competently practice dentistry/dental hygiene?
<input type="checkbox"/>	<input type="checkbox"/>	4. If you answered “YES” to any of the above, have you participated in any program or received treatment or are you currently participating in any program or receiving treatment that reduces or eliminates the limitations or impairments caused by either your medical condition or improper use of alcohol, drugs, or other chemical substances? N/A <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	5. If you answered “YES” to any of the above, does your field of practice, the setting, or the manner in which you practice dentistry/dental hygiene, reduce or eliminate the limitations or impairments caused by either your medical condition or improper use of alcohol, drugs, or other chemical substances? N/A <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6. Except for minor speeding or parking offenses (with fines under \$100), have you ever been arrested, charged, cited, indicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime or offense, including actions that resulted in a deferred or expunged judgment?
<input type="checkbox"/>	<input type="checkbox"/>	7. Have you ever received a withheld judgment or suspended sentence for any felony or misdemeanor in a criminal proceeding?
<input type="checkbox"/>	<input type="checkbox"/>	8. Do you have any felony or misdemeanor criminal charges currently pending against you in any other state or country?
<input type="checkbox"/>	<input type="checkbox"/>	9. Were you ever expelled or requested to withdraw from any dental/dental hygiene school/program you attended?
<input type="checkbox"/>	<input type="checkbox"/>	10. Were you ever required to repeat any portion of the curriculum of any dental/dental hygiene school/ program you attended?
<input type="checkbox"/>	<input type="checkbox"/>	11. Were you ever reprimanded or placed on probation while attending any dental/dental hygiene school/program?

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you ever been denied a license to practice dentistry/dental hygiene or any other profession or occupation? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Have you ever voluntarily surrendered a license to practice dentistry/dental hygiene and/or have you ever agreed to voluntarily restrict or limit your practice of dentistry/dental hygiene? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13a. If you answered "YES" to the previous question, was a disciplinary action pending against you, were you under investigation by a licensing agency at that time or did you surrender or agree to restrict or limit your practice of dentistry/dental hygiene in lieu of disciplinary action being taken against you? N/A <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Have you ever been the subject of any proceeding by a licensing authority which either sought or resulted in censure, reprimand, probation, suspension, surrender, revocation, fine or other discipline/penalty in connection with any dental/dental hygiene or other professional license you held? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Are any professional liability or malpractice claims or complaints currently in process/pending against you? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Have any settlement agreements been entered into or any judgments entered against you resulting from your practice of dentistry/dental hygiene? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Have any judgments or settlements been paid on your behalf as a result of a professional liability or malpractice case(s)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Are you currently or have you ever been licensed in any other state in any other health care profession aside from dentistry/dental hygiene? |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Are charges or an investigation currently pending in connection with your dental/dental hygiene license in any other state? |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Have you used or are you known by any other name beside the name by which you are currently making application? If so, list: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Do you understand that if a determination is made by the Idaho Board of Dentistry to grant you a dental/dental hygiene license, that determination will be based in part on the truthfulness of the statements contained herein, which, if proven false, may subject you to disciplinary action up to and including revocation of the license granted to you? |

AFFIDAVIT OF APPLICANT

STATE OF _____ COUNTY OF _____

I, _____, hereby declare under penalty of perjury that I am the person described and identified in this application and that the attached photograph is a true likeness of myself. I also declare that I am the lawful holder of the requisite diploma, which was procured in the regular course of instruction and examination without fraud or misrepresentation.

I further state that I have read the statutes and rules pertaining to the practice of dentistry/dental hygiene as prescribed in Chapter 9, Title 54, Idaho Code and IDAPA 19.01.01 of the Board of Dentistry's Administrative Rules. If a license to practice dentistry/dental hygiene is issued to me, I understand that if I violate any laws or rules, my license may be disciplined as provided by law.

I declare, under penalty of perjury, that my answers and all statements made by me on this application and accompanying attachments are true and correct. Should I furnish any false information, or cause any material omission, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my license. I also declare under penalty of perjury that if I did not personally complete the foregoing application, or any portion hereof, that I have fully read and confirmed each question and accompanying answer, and take full responsibility for all answers contained in this application.

I hereby agree to abide by the laws and rules pertaining to the practice of dentistry/dental hygiene in the state of Idaho.

Signature of Applicant _____

Subscribed and Sworn to before me this _____ day of _____, _____

Signature of Notary Public _____

Notary Public for _____ My commission expires: _____

NOTARY SEAL

**ATTACH
CURRENT
PHOTOGRAPH
HERE**

IMPORTANT INFORMATION – ALL APPLICANTS

Affirmative Responses to Personal Data Questions on Pages 3-4 of the Application Form:

If you answered “yes” to any of the personal data questions in the application (except question #21), for any reason, you must submit additional supporting documentation for that question as indicated on the application. This documentation should include:

A separate, signed statement providing a complete explanation of the event or circumstance, including date(s), location(s), organization(s) or parties involved, and specific outcomes or results.

Certified copies of disciplinary action, police reports, court documents, and medical evaluations or any other pertinent information.

Applications are valid for six (6) months from the date received by the Board of Dentistry. If an application is not completed within six (6) months from the date of receipt, a new application and fee must be submitted.

Failure to answer all application questions completely or accurately and/or omitting or falsifying materials facts may be grounds for the Board of Dentistry to deny an application or, if a license was issued before discovery, to undertake disciplinary action including revocation of a license.

Where Forms Are To Be Sent:

Send application and fee to:

Idaho Board of Dentistry
PO Box 83720
Boise, ID 83720-0021

NOTE: Express Mail requires use of street address for delivery.

Street Address:
Idaho Board of Dentistry
350 N. 9th Street Suite M100
Boise, ID 83702

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I _____ do hereby authorize a full disclosure of all records concerning myself to any duly authorized employee, officer or agent of the Idaho State Board of Dentistry, whether the said records are of a public, private, or confidential nature.

I hereby authorize all hospitals, schools, educational institutions, or organizations, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to this licensing board any information, files or records requested by this board in connection with the processing of this application. I further authorize this board to release to the organizations; individuals and groups listed above any information that is material to my application.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this authorization for release will be considered in determining my suitability for a license to practice dentistry/dental hygiene in the State of Idaho. I also certify that any person(s) or entity which may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Idaho State Board of Dentistry from any and all liability, which may be incurred as a result of requesting or obtaining such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

This authorization for release is non-expiring and shall continue in force and effect indefinitely.

I have read and fully understand the contents of the "Authorization for Release of Personal Information" and do knowingly and voluntarily execute same.

Signature of Applicant

Date

CERTIFICATION OF LICENSURE

As part of the license application process, the Idaho State Board of Dentistry requires that this form be completed by every board that has ever issued any license to the applicant, even if the license is not current. The completed form must be mailed directly from the state licensing board to the **Idaho State Board of Dentistry**. Any processing fees are the applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to the Board.

Print Name _____ License # _____

Signature _____ Date _____

This portion of the form should be completed by the state licensing board.

IT IS HEREBY CERTIFIED THAT _____
(Name of Applicant)

WAS GRANTED LICENSE NUMBER _____ DATE ISSUED _____

TO PRACTICE _____ IN THE STATE OF _____

DATE LICENSE EXPIRES _____ LICENSE STATUS _____

BASIS FOR LICENSURE:

- ☐ Endorsement/Credentials
☐ State Board Prepared Written and/or Clinical Exam
☐ Regional Clinical Exam, Name of Testing Agency _____

☐ YES ☐ NO Disciplinary action ever been initiated, pending, or taken? (If yes, please provide contact information to obtain further information regarding disciplinary action.)

STATE LICENSING BOARD OFFICIAL:

Print Name _____ Title _____

Signature _____ Date _____

Phone # _____ Fax # _____

Return completed form to:

IDAHO STATE BOARD OF DENTISTRY
PO Box 83720
Boise, ID 83720-0021
Phone (208) 334-2369

State or Board Seal